



Victim Services Survey

The City of Maricopa Police Department is conducting a survey to measure the responsiveness of victim assistance services.

ALL RESPONSES WILL REMAIN CONFIDENTIAL AND ANONYMOUS

Please circle the answer that most clearly describes your thoughts about the services you received from The Victim Assistance Program

1.	Did you feel re Agree	espected by the Victim A No Opinion	ssistance Program? Disagree
2.	The service pr Agree	ovided by the Victim Ass No Opinion	sistance Program was helpful? Disagree
3.		your interactions with th tanding of your rights as No Opinion	e Victim Assistance Program, you have a a victim of a crime? Disagree
4.			e Victim Assistance Program you have more o you as a victim of a crime? Disagree
5.			e Victim Assistance Program you have more ity to assure your own personal safety? Disagree
6.	increase your	confidence in your abilit	wided by the Victim Assistance Program y to process and cope? Disagree
7.	As a result of	your interactions with th	e Victim Assistance Program representative

Disagree

Not Applicable

you have a better understanding of domestic violence?

No Opinion

Agree





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	etim Assistance Program h w it related to your case? No Opinion	elped you understa Disagree	and the criminal justice system Not Applicable			
possibi	etim Assistance Program r lity of victim compensatio	n?				
Agree	No Opinion	Disagree	Not Applicable			
10. You would contact the police again if you were a victim of crime in the future? Agree No Opinion Disagree						
11. Overall you are satisfied with the services provided by the Victim Assistance Program?						
Agree	No Opinion	Disagree				
Please list any additional comments below						

Please return the survey in the self-addressed envelope to the Maricopa Police Department. 39675 W Civic Center Plaza South, Maricopa AZ. 85138 If you have questions about the survey you may contact Mary Witkofski, Community Programs Manager at 520-316-6844.